BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								Application or Docket Number OGBUS, 594						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			21					FIATE		FEE	٦	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EΕ	355.00		BASIC FE		
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		• 1			X\$ 9=	-		OR	7010	18.1	
INDEPENDENT CLAIMS			m	ninus 3 =	•			X40=	1		1	V00	18.0	
MULTIPLE DEPENDENT CLAIM P			RESENT		-				\dashv		OR	700=		
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2								4		OR	L	201	
CLAIMS AS AMENDED - PART II								TOTAL	L		OR	TOTAL	720	
_	(Column 1) (Column 2) (Column 3 CLAIMS HIGHEST						_	SMAL	LE	NTITY	OR	OTHER SMALL		
AMENDMENT A	and the second	REMAINING AFTER AMENDMENT	des la company	NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	21	Minus	1.2	.1	=		X\$ 9=			OR	X\$18=		
	Independent FIRST PRESE	NTATION OF MI	Minus JLTIPLE DE	PENDENT	CLAIM]=	Х4	X40=			OR	X80=		
								+135=			OR	+270=		
							Al	TOTA DDIT, FEI			OR /	TOTAL	1	
	n in the state of the state of	(Column 1) CLAIMS		(Colum		(Column 3)					,			
AMENDMENT B	1/2	REMAINING AFTER AMENDMENT	Market St.	HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total Independent	:3/	Minus	-21		= //	L	X\$ 9=			OR	X\$18=	180	
	·	NTATION OF MU	Minus ILTIPLE DEF	PENDENT	CLAIM	1=		X40=			OR	X80=		
	1					المجيها	L	+135=			OR	+270=		
r	7/17/04						AD	TOTAL DIT. FEE			OR A	TOTAL DDIT. FEE	1911	
		(Column 1) CLAIMS		(Colum		(Column 3)					_			
ᇙᅡ		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total Independent		Minus	<u>"3/</u>		=		X\$ 9=			OR	X\$18=		
¥		NTATION OF MU	Minus	PENDENT	C) A114		Γ	X40=	-		OR	X80=		
			1.A				T,	+135=	T		OR -	+270=		
11	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR "	TOTAL		
- 11	we mignest iyun	nber Previously Pai ber Previously Paid	d For IN I HIS	S SPACE is i	lace thee	2 onter *2 *		DIT. FEE	prop		~(ODIT. FEE L		